

# For comprehensive, personalized risk-based admission guidance, useful patient history, and medication recommendations, visit the “Acute Heart Failure Report” in **HealthConnect**

1. Click on **Heart Failure Banner** (found within Workup Tab)

2. View **Heart Failure Report** (displayed after clicking Banner)

The screenshot shows the HealthConnect interface with the 'Workup' tab selected. A yellow banner at the top right displays the patient name 'Doe, J'. Below the navigation bar, a yellow banner reads 'SIRS CRITERIA MET'. A prominent orange banner below that states 'Acute Heart Failure Score: Higher Risk Patient' with a link to 'Heart Failure Report & Recommendations'. A purple arrow points from this banner to the second screenshot. Below the banner, there are sections for 'Labs' (listing MRSA SCREENING CULTURE, CBC + DIFF (FAC LAB), and GLUCOSE) and 'ED Course' (listing ESTIMATED GFR: >60 and CREAT: 0.48).

The screenshot shows the 'Heart Failure Report' for patient 'Doe, J'. The report title is 'ACUTE HEART FAILURE REPORT: HIGHER RISK PATIENT'. The main text states: 'The calculated Acute Heart Failure risk today is moderate to high: (greater than 3% expected 30-day mortality)'. It further details: 'This patient's 30-day serious adverse event risk (mortality, ACS/PCI/CABG, intubation, renal failure) is 21.1%'. Recommendations include: 'We recommend sharing this prognosis with the patient and having shared decision-making conversation on goals of care and disposition.', 'Consider HBS (or CDA) consultation for further risk stratification, treatment, and medication adjustments.', 'Consider ED discharge if symptomatically improving and the patient understands their personal risk situation and prefers to continue management as an outpatient.', and 'For patients being discharged, arrange close outpatient follow-up with either their PCP and/or Palliative Care or Life Care Planning (will need eConsult placed)'. A note explains: 'The Acute Heart Failure risk score is calculated using over 60 variables. The score was developed and validated in over 18,000 ED patients in KP Northern California. To review the study and for more information, click [here](#).' Below this, there is a 'Weight Readings' section showing: '4/30/2023', '2336', 'Weight: 68.3 kg (150 lb 8 oz)', and 'Scale Type: BED'. At the bottom, there is a 'Brief Vitals (last day)' table.

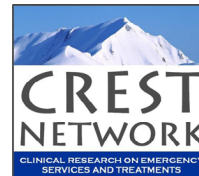
Date/Time	Temp	Pulse	Resp	BP	FI02 (%)	O2 Delivery	O2 (LPM)	SpO2	Weight	Who
05/01/23 1200	—	95	23	121/77	—	BIPAP	—	97%	—	AM

## DECISION SUPPORT FOR ACUTE HEART FAILURE

1. Acute Heart Failure decision support “Banner” appears for ED patients with:
  - a. H/o heart failure *and* relevant chief complaint
  - b. Included chief complaints: Shortness of breath, congestive heart failure, difficulty breathing, breathing problem, pulmonary edema, edema, swollen leg, swelling, swollen foot, or congestive heart failure program
2. Banner changes from gray to Yellow or Orange once labs are back and risk score is calculated
3. Click on banner to view HF report
4. You can also “wrench” in Report (“Acute Heart Failure Report”) so its easily accessible for all patients
5. Banner viewable in Work up Tab and in ED Snapshot

The image shows two screenshots of a clinical decision support interface. The left screenshot shows a gray banner for 'Acute Heart Failure Clinical Risk Report' with a 'NEW' icon. Below the banner, there are sections for 'Labs' (including B-TYPE NATRIURETIC PEPTIDE (BNP), CHEM 7, TROPONIN I, HIGH SENSITIVITY, and CBC + DIFF (FAC LAB)) and 'Vital Signs' (BP: 127/62, Temp: 98.5 °F (36.9 °C), Heart Rate/Pulse: 90, Resp: 18, SpO2: 94%, Pain Score: 0). The right screenshot shows the same interface but with a yellow banner indicating 'Acute Heart Failure Score: Lower Risk'. The 'Labs' section now includes GLUCOSE, COVID-FLU A/B/RSV, SYMPTOMATIC, BLOOD CULTURE 2, LACTIC ACID (Final result 02/06 1113), BLOOD CULTURE (Final result 02/06 1153), and B-TYPE NATRIURETIC PEPTIDE (BNP) (Final result 02/06 1145). A blue arrow points from the left screenshot to the right one, indicating the transition.

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## BEST PRACTICE CLINICAL GUIDELINES

Patients with EF < 40% should be on four classes of medications for best outcomes (Level 1a evidence). If not on all four, consider starting in a step-wise fashion:

- If not on a **Beta Blocker**, start low dose (e.g., 3.125 mg bid Coreg)
- If not on **ACEI/ARB**, start low dose (e.g., Losartan 25mg)
  - Order 3-4 day K and Cr lab follow up
- If not on **Jardiance**, start at ½ tab of 25mg (12.5mg qd)
- If not on **Spirolactone**, start low dose (12.5mg qd)
  - Order 3-4 day outpatient Cr and K follow up
- Use CHF Smartset to help remember medications and doses at discharge

All patients, regardless of EF, should also be considered for Jardiance (12.5mg qd) (Level 1a).

ED diuretic dosing: Recommend 2 – 2.5x outpatient oral dose (e.g., if on 40mg PO bid Lasix

→ Start with 40mg IV Lasix, and assess response within one hour)

[Link to AHA guidelines on Guideline Directed Medical Therapy](#)

[Link to NCAL Diuretic guidelines](#)

[Link to NCAL Heart Failure Therapy guidelines](#)